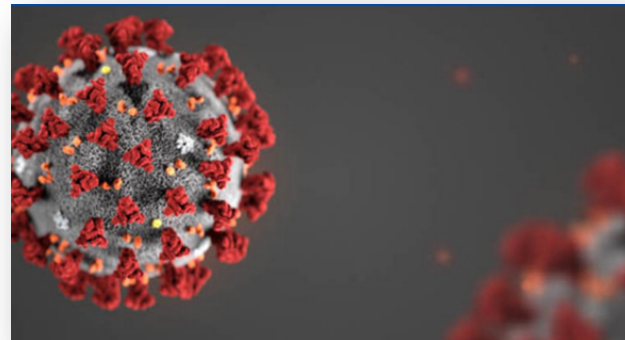




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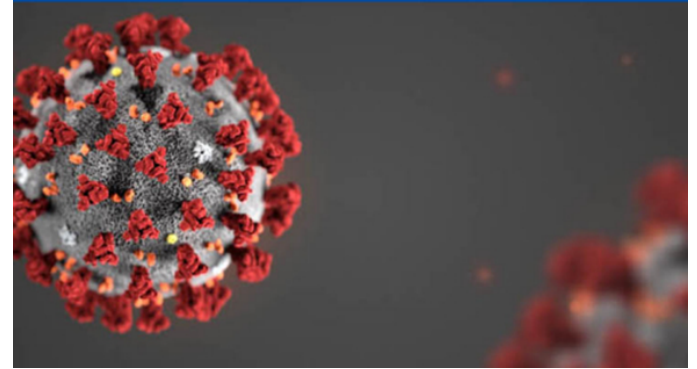
An Update for NYS Healthcare Providers on COVID-19

April 9, 2020

**Elizabeth Dufort, MD, FAAP
Medical Director, Division of Epidemiology
New York State Department of Health**

Agenda

- Global, National, New York State Updates
- Testing Updates
- Contact Tracing & Containment
- Community Mitigation
- PPE
- Telehealth
- Healthcare System Surge Response
- Resources
- Pre-planned Q & A: Chat box not feasible with level of attendance



Upcoming Calls

Update: Future weekly calls will be held in April on Thursdays 1-2 PM

- **Recordings will be available immediately:** [NYSDOH COVID-19 Healthcare Provider website](#)
- In addition to YouTube, an on-demand version of our weekly sessions for healthcare providers in NYS is now available as a podcast – search NYSDOH
- If you are not receiving email invitations to the call series, please work with your Health Commerce System (HCS) site coordinator to receive notifications from the Integrated Health Alerting and Notification System (IHANS)



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Disclaimer

- The situation is rapidly evolving, as is our understanding of this new virus.
- All of the information presented is based on our best knowledge as of today.

Situation Summary: COVID-19 Global, 4/8/2020

www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

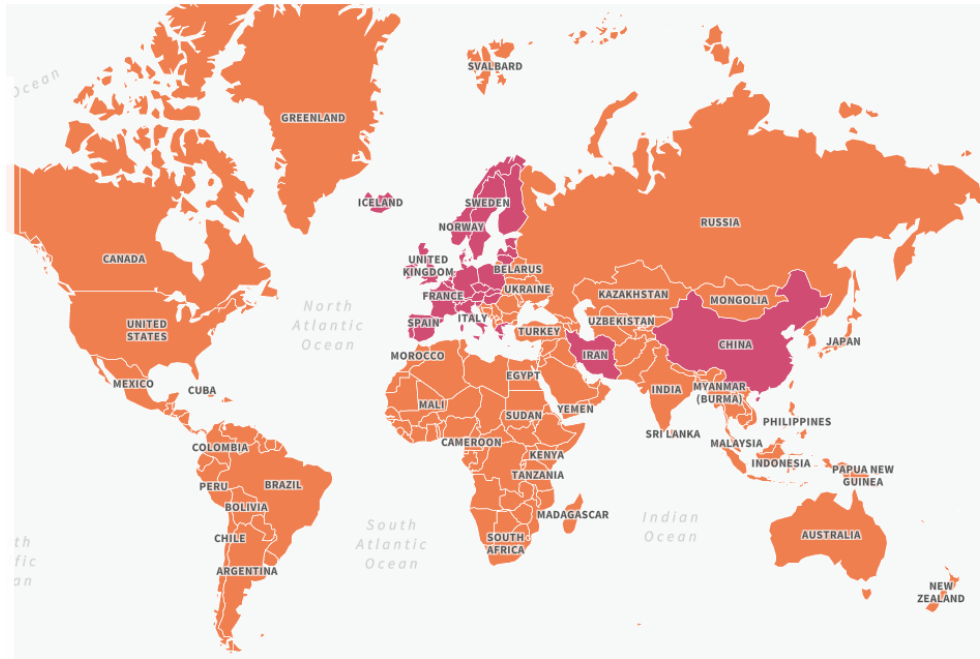
Region	Confirmed Cases	Deaths
Global	1,353,361	79,235
Western Pacific	114,667	3922
European	720,219	57,639
South-East Asia	10,707	426
Eastern Mediterranean	81,993	4,314
Africa	7,647	326
Americas	417,416	12,597



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COVID-19 CDC Travel Recommendations by Country

www.cdc.gov/coronavirus/2019-ncov/travelers/index.html



Geographic Risk Assessment for COVID-19 Transmission

Click on the map to get country-specific travel health information about COVID-19.

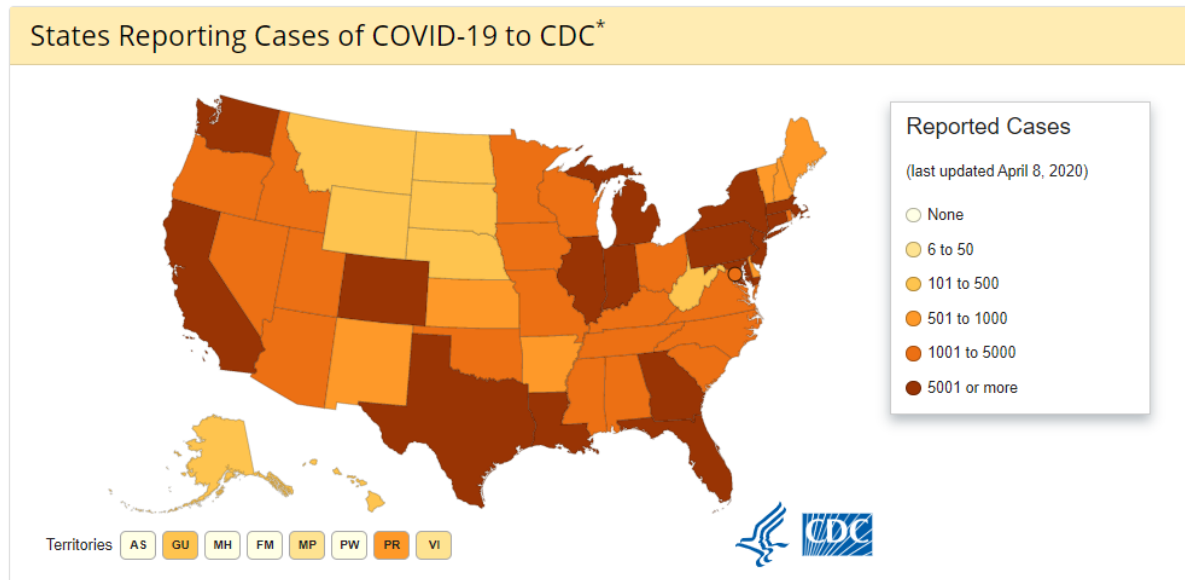
Country Transmission Level

- Widespread ongoing transmission with restrictions on entry to the United States
- Widespread ongoing transmission without restrictions on entry to the United States
- Ongoing community transmission
- Limited community transmission

- **Level 3** Widespread transmission with US entry restrictions: China, Iran, Most of Europe, UK and Ireland
- **Level 3** Widespread transmission without US entry restrictions: Global Pandemic

Situation Summary: Covid-19 U.S. (April 8, 2020)

www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

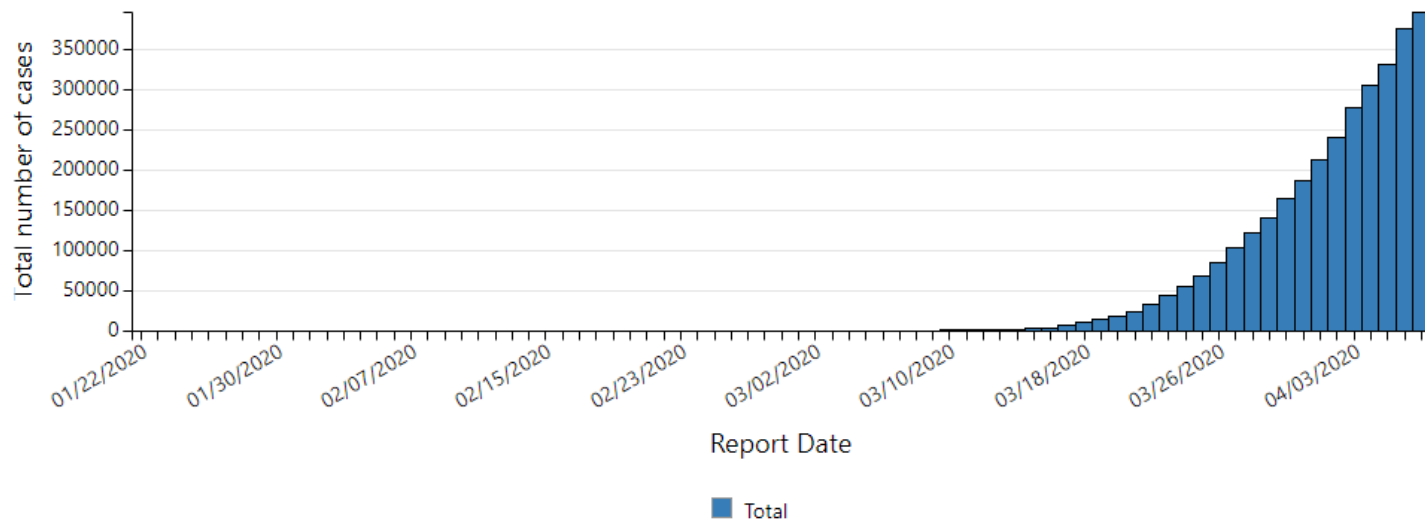


- **Total cases: 395,011**
- **Total deaths: 12,754**
- All 50 states plus, Puerto Rico, Guam, Northern Mariana Islands, US Virgin Islands and Washington DC all reporting cases

Situation Summary: Covid-19 U.S.

www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

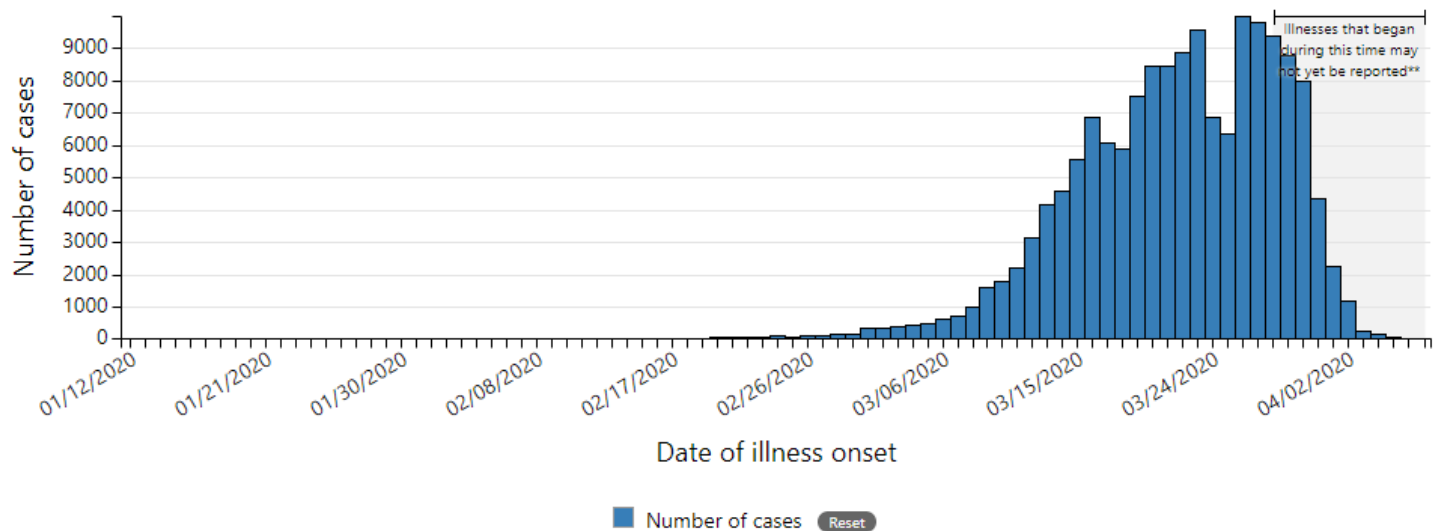
Cumulative total number of COVID-19 cases in the United States by report date, January 12, 2020 to April 7, 2020, at 4pm ET (n=395,011)*†



Situation Summary: Covid-19 U.S.

www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

COVID-19 cases in the United States by date of illness onset, January 12, 2020, to April 7, 2020, at 4pm ET (n=156,753)*



NYSDOH COVID-19 Tracker (April 8, 2020)

Found at: [NYSDOH COVID-19 website](https://www.ny.gov/health/covid-19)

Statewide

Total Persons Tested

365,153

Total Tested 4/07

25,095

Total Tested Positive

149,316

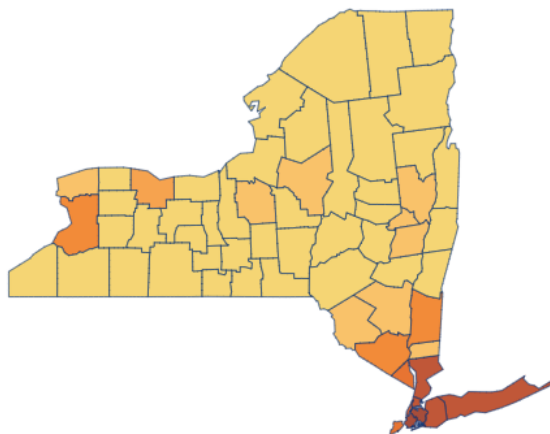
Sex Distribution of Positive Cases

Female	Male	Unknown
44.8%	54.6%	0.6%

New Positives 4/07

10,453

Persons Tested Positive by County



- 01-99
- 100-499
- 500-999
- 1,000-4,999
- 5,000-9,999
- 10,000-14,999
- 15,000-19,999
- 20,000+

Click County to See Detail
Click Again for Statewide

Albany	342
Allegany	21
Bronx	16,626
Broome	88
Cattaraugus	15
Cayuga	14
Chautauqua	17
Chemung	55
Chenango	53
Clinton	39
Columbia	63
Cortland	16
Delaware	37
Dutchess	1,395
Erie	1,205
Essex	7
Franklin	10
Fulton	14
Genesee	47
Greene	25

[Click for Daily Trends](#)

[Click for Table View](#)

[Click for Fatality Data](#)

[FAQs & Helpful Links](#)



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NYSDOH COVID-19 Tracker (April 8, 2020)

Found at: [NYSDOH COVID-19 website](#)

Daily Totals: Persons Tested and Persons Tested Positive

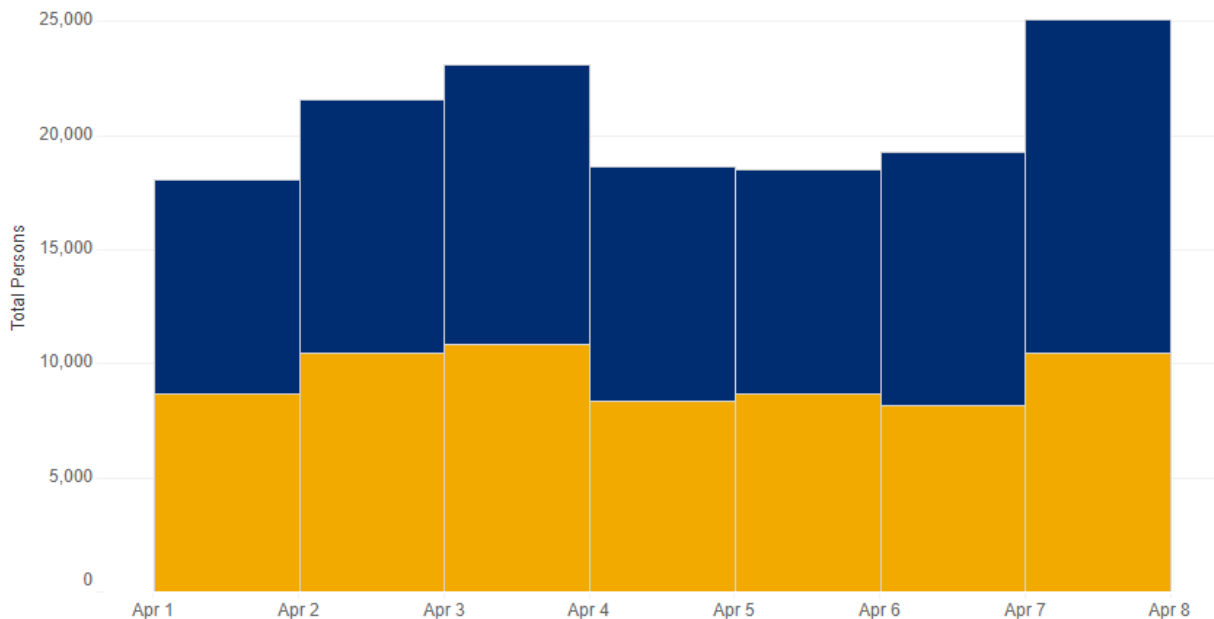


■ Total Persons Tested ■ Total Tested Positive

Hover over a bar to see details

Time Period

Last 7 Days



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NYSDOH COVID-19 Tracker (April 8, 2020)

Found at: [NYSDOH COVID-19 website](#)

Fatalities by County

County	Place of Fatality	Residence of Individual
Grand Total	6,268	6,268
Albany	10	6
Allegany	0	1
Bronx	934	989

Fatalities by Race/Ethnicity

Data is preliminary. With 94% reporting, below is the breakdown for NYS excluding NYC. With 63% reporting, below is the breakdown for NYC as provided by NYCDOHMH.

Race/Ethnicity	NYC	NYS Excl. NYC
Hispanic	34% (29% of population)	14% (11% of population)
Black	28% (22% of population)	18% (9% of population)
White	27% (32% of population)	62% (75% of population)
Asian	7% (14% of population)	4% (4% of population)
Other	4% (3% of population)	2% (1% of population)



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NYSDOH COVID-19 Tracker (April 8, 2020)

Found at: [NYSDOH COVID-19 website](#)

Fatalities by Age Group

Age Group	Fatality Count	%
Grand Total	6,268	100.0%
0 to 9	1	0.0%
10 to 19	5	0.1%
20 to 29	33	0.5%
30 to 39	118	1.9%
40 to 49	265	4.2%
50 to 59	663	10.6%

Fatalities by Sex

Grand Total	6,268 (100.0%)
Female	2,447 (39.1%)
Male	3,812 (60.8%)
Unknown	9 (0.1%)



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NYSDOH COVID-19 Tracker (April 8, 2020)

Found at: [NYSDOH COVID-19 website](#)

Top 10 Comorbidities by Age Group (5,424 out of 6,268 (86.5%) total fatalities have at least one comorbidity)

Age Range	Hypertension	Diabetes	Hyperlipidemia	Coronary Artery Disease	Renal Disease	Dementia	COPD	Cancer	Atrial Fibrillation	Congestive Heart Failure
Grand Total	3,481	2,319	1,163	786	660	585	532	494	456	428
90 and Over	420	169	127	86	72	173	54	70	94	85
80 to 89	959	555	334	270	169	226	171	152	178	146
70 to 79	1,033	728	368	247	183	135	176	146	120	120
60 to 69	657	499	208	131	145	43	90	99	45	51



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Updated Case Counts: NYS COVID-19

- Total COVID-19 hospitalizations currently
 - 18,279
- Daily change:
 - Total hospitalizations: 200
 - ICU admissions – 84
 - Intubations – 88
 - **Lowest daily increases in over 3 weeks**
- Deaths
 - **7,067 (*increase of 799*)**
 - **Largest single day number yet**

Telehealth Discussions with Your Patients

- **First discussion on testing → TELEHEALTH**
- **TELEHEALTH SLIDES TO FOLLOW**

Alternative Specimen Collection Sites - COVID-19 Testing

- For patients who do not require clinical care in a healthcare setting
- Facilitate collection of samples in a setting that maintains the safety of the staff and other patients, allows the patient ease of access to specimen collection, and relieves the burden on healthcare facilities
 - The [NYSDOH alternative specimen collections sites](#) are available in areas with significant community transmission, with plans for expansion.
 - Call NYSDOH COVID-19 Hotline (888-364-3065) or [LHD](#) for information on sites in your area or check public health website(s) for information on local testing options
 - Additionally, some area health systems and practices may choose to set up their own alternative specimen collection sites to serve their patient population and community.

Alternative Specimen Collection Sites - COVID-19 Testing

- **Expand sites**
 - NY Metropolitan Region
 - Upstate
 - Increase testing in minority communities

Molecular Initial Diagnostic Testing for COVID-19

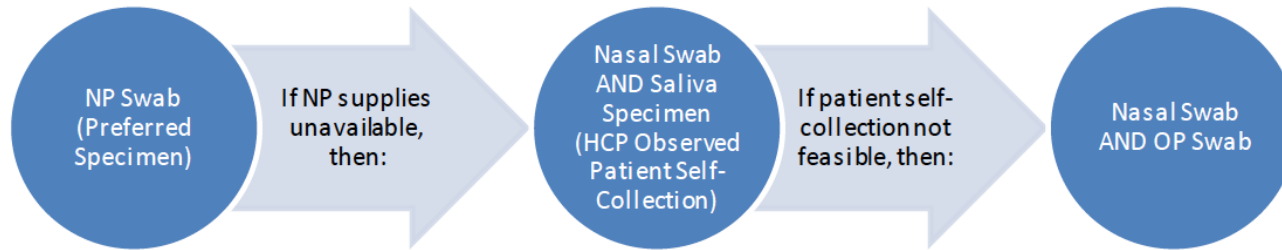
- **Ideally collect a nasopharyngeal (NP) swab**
- If nasopharyngeal (NP) supplies are unavailable:
 - A nasal and an oropharyngeal swab acceptable alternative
 - Can be combined in one viral transport media vial for the Wadsworth Center or as laboratory allows
 - A nasal swab and saliva acceptable alternative
 - Wadsworth Center or as laboratory allows
 - Patient self-collection with healthcare personnel observation from 6 ft distance
 - HCP observing the sampling should wear a facemask and gloves, as well as eye protection, if available (face shield or goggles)
 - Benefit of conservation of PPE, for situations where patient can self collect
 - Saliva – a sterile specimen container, transport within 24 hrs (per lab guidance)
- Swabs must be placed in Viral Transport Media (VTM), Molecular Transport Media (MTM), or Universal Transport Media (UTM)

CDC Guidance Infection Prevention and Control – Specimen Collection

- When collecting respiratory specimens *directly* (e.g., nasopharyngeal or oropharyngeal swabs) from a possible COVID-19 patient:
 - PPE: N-95 or equivalent respirator (or facemask if a respirator is not available), eye protection, gloves, and gown
 - Limit those in the room to essential
 - Normal examination room with the door closed
 - Clean and disinfect procedure room surfaces promptly

Testing for COVID-19

Recommended COVID-19 Specimen Collection for Wadsworth Center Testing:



- **If using a laboratory other than the Wadsworth Center**, follow the laboratory's guidance for all specimen collection, handling, and transport processes, including whether nasal swab AND saliva specimen, or nasal swab AND OP swab specimen collection methods are acceptable alternatives to an NP swab

Testing for COVID-19

Testing guidance can be found on the NYSDOH COVID-19 website including:

1. Specimen collection, storage, and packaging guidance
2. The Wadsworth Center Infectious Disease Requisition (IDR) form (*filled out for each patient and sent to with the specimen*)
3. A packaging and transport checklist

NYSDOH Wadsworth Center COVID-19 Specimen Collection, Handling, and Transport Instructions¹



April 1, 2020

- These instructions supersede the instructions issued on March 25, 2020, and apply only to specimens submitted to Wadsworth Center for COVID-19 testing.
- Discuss transport processes with the Local Health Department (LHD).²
- Estimated turnaround time for suspect COVID-19 test results, from specimen arrival at the Wadsworth Center, is 1-2 business days.

SPECIMEN COLLECTION

- While a nasopharyngeal (NP) swab is the preferred diagnostic specimen for COVID-19, if NP swab supplies are unavailable, collection of one (1) nasal swab AND one (1) saliva specimen through healthcare personnel supervised patient self-collection is an acceptable alternative.
 - If NP swab supplies are unavailable, and patient self-collection of nasal swab AND saliva specimen is not feasible (i.e. infant, child, or incapacitated adult), collection of one (1) nasal swab AND one (1) oropharyngeal (OP) swab continues to be an acceptable alternative.
- All specimen containers must be labeled with patient's first and last name, DOB, date of collection, and type of specimen. The label on the container must match the accompanying paperwork.
- Ensure specimen containers are leakproof, with caps tightly secured.
- For NP, nasal and OP swabs, flocked swabs are preferred since they provide better specimen recovery. Sterile dacron or rayon swabs with plastic or flexible metal handles may also be used. These are the same types of swabs and media used for influenza PCR testing. Do NOT use cotton or calcium alginate swabs or swabs with wooden sticks as they contain substances that inactivate some viruses and inhibit PCR.
 - After swabbing, place swabs in a sterile vial or tube containing at least 1.5-2.0mL of LIQUID viral transport, molecular transport or universal transport media (VTM, MTM, or UTM).
 - Dry swabs, not in transport media, are NOT acceptable for virus testing.

NP swab:

- **NP swab:** The healthcare personnel should insert a swab into the nostril parallel to the palate, to a depth equal to the distance from the nostrils to the outer opening of the ear. Leave the swab in place for several seconds to absorb secretions. Slowly remove the swab while rotating it. Place the swab in a sterile vial or tube containing at least 1.5-2.0mL of liquid media and tightly secure the cap.

COVID-19 Testing Laboratory Requisitions

- Due to growing concerns about health disparities related to COVID-19 and to inform the development of interventions to address any disparities
- It is important to collect complete demographic information at the time of COVID-19 testing
- Wadsworth Center has updated the IDR form to include race and ethnicity information
- Clinical laboratories to ensure laboratory order requisition forms are updated to include information on patient sex/gender identity and race/ethnicity
 - Where possible accurate collection of sex and gender identity information, including for transgender and/or gender non-conforming patients

Available Molecular Assays

www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd

- There are **31** PCR-based assays for SARS-CoV-2 that have been approved under the FDA's EUA process
- The majority of these are assays that can be used in a high-complexity laboratory
- One is a waived assay
- One is also point-of-care
- There are many supply chain issues

Available Serology Assays

www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2

- Antibody-based assays are being developed at multiple labs but are not yet widely available
- There is **one** assay that is FDA approved
- There are 51 serology assays listed on the FDA website
- **These are NOT FDA reviewed, nor approved**
- Be aware of these disclaimers if you use these tests
 - This test has not been reviewed by the FDA
 - Negative results do not rule out SARS-CoV-2 infection, particularly in those who have been in recent contact with the virus. Follow-up testing with a molecular diagnostic should be considered to rule out infection in these individuals.
 - Results from antibody testing should not be used as the sole basis to diagnose or exclude SARS-CoV-2 infection or to inform infection status.
 - Positive results may be due to past or present infection with non-SARS-CoV-2 coronavirus strains, such as coronavirus HKU1, NL63, OC43, or 229E

Contact Tracing and Containment

- It is now believed that up to 25% of spread of SARS-CoV-2 is from pre-symptomatic or asymptomatic transmission
- Now recommend local health department/public health to identify contacts to a confirmed or suspect case who had exposure up to 48 hours prior to symptom onset
- Similarly, new data are emerging that suggests that a percentage of individuals infected with SARS-CoV-2 will remain asymptomatic
 - When learning of asymptomatic positive cases of COVID-19, public health should conduct contact investigations, with the period of exposure risk beginning at 48 hours before the specimen collection date

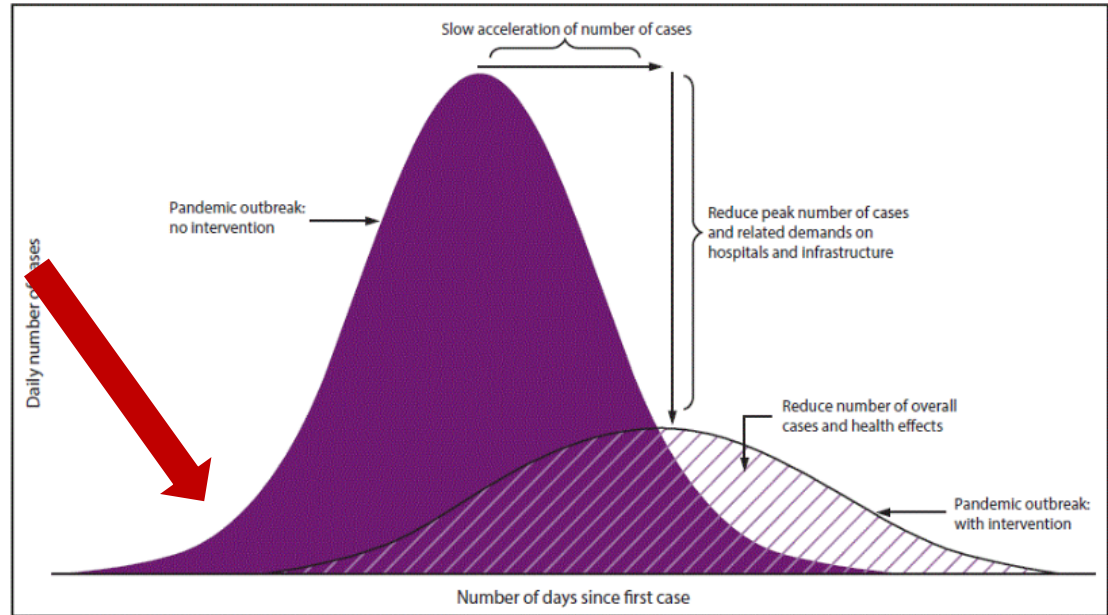
Contact Tracing and Containment

- In the community setting, the **definition of close contact** with COVID-19 cases:
 - For purposes of contact investigations and potential movement restrictions such as quarantine, includes, but is not limited to:
 - Sharing the same household
 - Direct physical contact
 - Direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on, touching used paper tissues with a bare hand)
 - Being within 6 feet of a case for 10 minutes or more (e.g. room, car)
 - Local Health Departments should consider other factors such as proximity of contact, duration of exposure (e.g. longer exposure time likely increases exposure risk), and whether the individual has symptoms (e.g. coughing likely increases exposure risk), when deciding whether an exposure resulted in close contact

Goals for Community Mitigation Measures

- Delay exponential growth in cases
 - Provide more time for preparation
 - Allow flu season to end
- Decrease height of the peak
 - Eases peak demand on healthcare and public health systems
- Reduce total number of cases

FIGURE 1. Goals of community mitigation for pandemic influenza



Source: Adapted from: CDC. Interim pre-pandemic planning guidance: community strategy for pandemic influenza mitigation in the United States—early, targeted, layered use of nonpharmaceutical interventions. Atlanta, GA: US Department of Health and Human Services, CDC; 2007. <https://stacks.cdc.gov/view/cdc/11425>.

NYS Community Mitigation

- **NY PAUSE and social distancing are working to flatten the curve**
 - 18 days of NY PAUSE
- Even as the rate in hospitalizations and ICU admissions flattens, mortality may continue to rise
- We need to continue to flatten the curve
- **NY PAUSE extended through April 29th**
- NYS working to improve rapid testing

Masks for the Public

- Recent studies have shown that a significant portion of individuals infected with the virus are asymptomatic
- Asymptomatic individuals, even if they eventually develop symptoms, can transmit the virus to others before showing symptoms
- This means that the virus can spread between people in close proximity — for example, speaking, coughing, or sneezing — even if those people are not exhibiting symptoms at the time
- Considering this new evidence, NYSDOH supports members of the public who choose to wear cloth face coverings in public settings, where social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), especially in areas of significant community transmission

Masks for the Public


- **When wearing cloth face coverings, New Yorkers should:**
 - Make sure that they fit snugly and cover their nose and mouth
 - Be changed frequently and laundered when they are soiled or wet
 - Not become complacent with other protective measures
 - Do not touch the cloth covering or face
 - Continue to be vigilant with thorough and frequent hand washing
 - Soap and water, or alcohol-based hand sanitizer of 60%+ alcohol
 - Practice respiratory etiquette and cover your coughs or sneezes
 - Practice social distancing – even when wearing masks
 - Stay home and help flatten the curve!

Infection Prevention and Control

Emily Lutterloh, MD, MPH
Director, Bureau of Healthcare
Associated Infections
NYSDOH

Personal Protective Equipment (PPE) Updates

- Options when PPE is in short supply



NEW YORK
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**Department
of Health**

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

DATE: April 2, 2020

TO: All Healthcare Settings

FROM: NYSDOH Bureau of Healthcare Associated Infections (BHAi)

Health Advisory:
Options when Personal Protective Equipment (PPE) is in Short Supply or Not Available

Please distribute immediately to:
Administrators, Infection Preventionists, Medical Directors, and Nursing Directors

Healthcare entities should continue to submit requests for PPE through their local Office of Emergency Management. New York State continues to fulfill requests for PPE, as available. However, NYSDOH has become aware of instances in which healthcare providers, facilities, or practices are using or considering alternative means to manage PPE shortages, such as:

- Use of dubious means to attempt to disinfect N95 respirators or facemasks (e.g. putting them in the dishwasher).
- Use of a ventilator circuit filter attached to a disposable anesthesia facemask and strapped to the face in place of an N95 respirator.
- Use of homemade cloth masks.

If all efforts to obtain PPE through vendors and local Office of Emergency Management are exhausted or unsuccessful, healthcare providers should refer to the CDC guidance entitled "Strategies for Optimizing the Supply of PPE" (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>). Conventional, then contingency, then crisis capacity strategies should be used in that order, as feasible. Many of the options from the CDC guidance document are summarized below.

For general guidance on the use of PPE in healthcare settings, please refer to CDC guidance entitled "Healthcare Supply of Personal Protective Equipment" (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe-index.html>).

Facilities and providers need to plan and prepare now for the unavailability of PPE. Facilities and providers implementing crisis strategies should document their inability to follow conventional or contingency strategies and, if possible, develop written protocols that maximize the safety of patients and healthcare personnel (HCP).

Recommendations when PPE is in Short Supply or Not Available

These contingency and crisis recommendations are based on the CDC guidance and assume that conventional capacity strategies are no longer possible. Although they have been listed in priority order, safety evidence is lacking, and facilities may need to deviate based on feasibility.

General

Personal Protective Equipment (PPE) Updates



April 3, 2020

To: Manufacturers of Imported, Non-NIOSH-Approved Disposable Filtering Facepiece Respirators;
Health Care Personnel;
Hospital Purchasing Departments and Distributors;
Importers and Commercial Wholesalers; and
Any Other Applicable Stakeholders.

On February 4, 2020, pursuant to Section 564(b)(1)(C) of the Federal Food, Drug, and Cosmetic Act (the Act) (21 U.S.C. §360bbb-3(b)(1)(C)), the Secretary of the Department of Health and Human Services (HHS) determined that there is a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad, and that involves the virus that causes COVID-19. Pursuant to Section 564 of the Act, and on the basis of such determination, the Secretary of HHS then declared on March 2, 2020, that circumstances exist justifying the authorization of emergency use of personal respiratory protective devices during the Coronavirus Disease 2019 (COVID-19) outbreak, subject to the terms of any authorization issued under that Section.¹

On April 3, 2020, in response to this evolving public health emergency and continued concerns about filtering facepiece respirator (FFR or respirator) availability, FDA concluded based on the totality of scientific evidence available that certain product classifications for imported disposable FFRs that are manufactured in China and not NIOSH-approved and for which data exists that supports the respirators' authenticity, are appropriate to protect the public health or safety (as described under section II Scope of Authorization) under section 564 of the Federal Food, Drug, and Cosmetic Act (Act) (21 U.S.C. § 360bbb-3). Under this EUA, authorized respirators listed in Appendix A are authorized for use in healthcare settings by healthcare personnel (HCP)² when used in accordance with CDC recommendations to prevent wearers

Appendix A: Authorized Respirators

Updated: April 3, 2020

The Authorized Respirators

Authorized respirators should be used in accordance with CDC's recommendations. For the most current CDC recommendations on optimizing respirator use, please visit [CDC's webpage: Strategies for Optimizing the Supply of N95 Respirators](#).

Authorized Imported, Non-NIOSH Approved Respirators Manufactured in China

Manufacturer	Respirator Model(s)	Country of Manufacture
BYD Precision Manufacture Co. Ltd.	BYD KN95 Particulate Respirator (Model Number: DG3101)	China
Weini Technology Development Co., Ltd	FFP2 NR E-300, FFP2 NR E-680, FFP2 NR 952, FFP2 NR F-820	China



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COVID-19 Healthcare System Surge

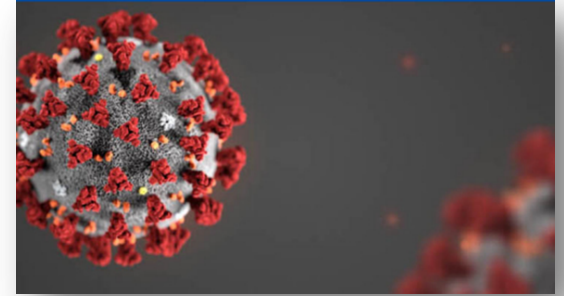
Marcus Friedrich, MD, MHCM, MBA, FACP
**Chief Medical Officer, Office of Quality and
Patient Safety**
NYSDOH



**Department
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COVID-19 Healthcare Surge Response

- Telehealth
- Elective Surgeries
- Hospital System Surge
- Healthcare Provider Update and Compilation
- Volunteering



COVID-19 Telehealth Services

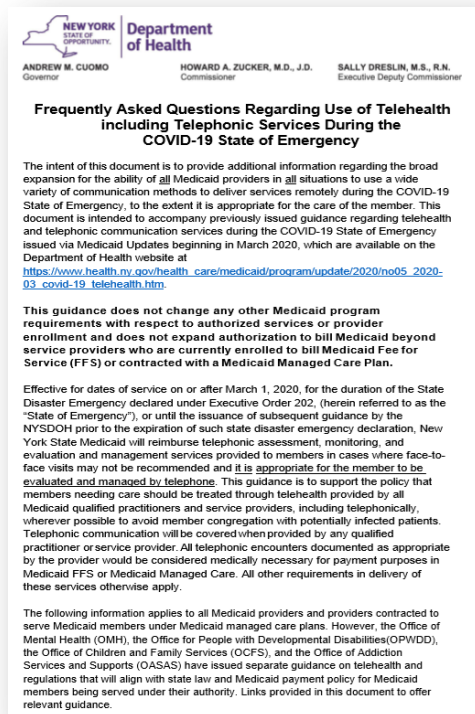
- To the extent it is practical, the Department encourages the use of telehealth to provide COVID-19 related services.
- The NYS Telehealth Parity Law requires commercial insurers (under the jurisdiction of the Division of Financial Services) and the Medicaid program (administered by the Department of Health) to provide reimbursement for services delivered via telehealth, if those services would have been covered if delivered in person.

Encouraging Use of Telehealth Services During COVID-19 National Emergency

- Effective immediately, Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) **will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules** against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
- A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any **non-public facing** remote communication product that is available to communicate with patients.
 - **Acceptable Examples (non-public facing):** Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype
 - **Unacceptable (public facing):** Facebook Live, Twitch, TikTok

Telehealth Services During COVID-19 - Medicaid

- FAQ provides additional clarification regarding face-to-face visits, telemedicine, telephonic, and other forms of remote care provision
- Posted on the [COVID-19 Guidance for Medicaid Providers webpage](#), which is updated regularly with guidance and information
- NYSDOH will host a webinar to explain the Telehealth and Telephonic guidance and take questions (*a separate notice with details regarding the webinar is forthcoming*)



Office-Based Surgery Practices (April 4, 2020)

Tiers	Action	Definition	Locations	Examples
Tier 1a	Postpone surgery/procedure	Low acuity surgery/healthy patient – Outpatient surgery Not life-threatening illness	HOPD* ASC** OBS*** Hospital with low/no COVID-19 census	-Carpal tunnel release -Colonoscopy for routine screening -Cataracts -Hysteroscopy -Cosmetic surgery
Tier 1b	Postpone surgery/procedure	Low acuity surgery/unhealthy patient	HOPD ASC, OBS, Hospital with low/no COVID-19 census	-Endoscopies -Cosmetic surgery
Tier 2a	Consider postponing surgery/procedure	Intermediate acuity surgery/healthy patient Not life threatening but potential for future morbidity and mortality. Requires in-hospital stay	HOPD ASC, OBS, Hospital with low/no COVID-19 census	-Non urgent spine& ortho: including hip, knee replacement and elective spine surgery -Stable ureteral colic
Tier 2b	Postpone surgery/procedure if possible	Intermediate acuity surgery/unhealthy patient	HOPD ASC, OBS, Hospital with low/no COVID-19 census	
Tier 3a	Do not postpone	High acuity surgery/healthy patient	Hospital OBS	-Most cancers -Neurosurgery -Intractable Pain -Highly symptomatic patients
Tier 3b	Do not postpone	High acuity surgery/unhealthy patient	Hospital OBS	-Transplants -Trauma -Cardiac w/ symptoms -Limb threatening vascular surgery -Dialysis Vascular Access****



ANDREW M. CUOMO
Governor

Department
of Health

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

TO: Office-Based Surgery Practices
FROM: Howard Zucker, M.D., J.D.
RE: Executive Order 202.10
DATE: April 4, 2020

This memo provides further guidance for the implementation of Governor Andrew M. Cuomo's [Executive Order Number 202.10](#), *Continuing Temporary Suspension and Modification of Laws Related to the Disaster Emergency* issued on March 23, 2020 and the March 23, 2020 [memo](#): *COVID-19 Directive to Increase Availability of Beds by a Minimum of 50% and Provide Necessary Staffing and Equipment*, as they relate to office-based surgery (OBS).

The March 23, 2020 memo included a table, developed by the Centers for Medicare and Medicaid Services (CMS), that delineates tiers of surgeries and procedures that should be postponed and those that may be performed through April 22, 2020, or until such time that the New York State Department of Health (NYSDOH) provides notice that normal operations may resume. Postponing non-essential surgeries and procedures, as well as prioritizing high-acuity surgeries and procedures, will assist the State's efforts to maximize the availability of hospital resources during the COVID-19 public health emergency.

The original CMS table did not specifically include Office-Based Surgery (OBS). Therefore, the CMS table below has been amended by NYSDOH to clarify its inclusion, with examples of procedures of particular relevance to OBS practices, such as plastic surgery.

Non-essential elective and non-urgent procedures are defined as all Tier 1 and Tier 2 "Actions." Please note that the procedures listed in "Examples" are not meant to be an exhaustive list. When making clinical decisions regarding the need for a procedure during the COVID-19 public health emergency, the goal of minimizing the use of hospital resources, such as emergency department visits, should be a high priority.

Thank you for your commitment to ensuring our inpatient resources are maximized during the COVID-19 response.



Department
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Healthcare System Surge

- **April 7, 2020 Governor Cuomo Executive Order**
 - Allows the state to redistribute ventilators and personal protective equipment to hospitals in highest need
 - Allows medical students that are slated to graduate to begin practicing immediately to help with the state's surge healthcare force
- **Increase hospital bed capacity**
 - NYS now has 90,000 available hospital beds up from a starting point of 53,000
 - Javitz Center temporary hospital facility taking patients with COVID-19
 - USNS Comfort taking patients with COVID-19

HCP Compilation (Week of March 30th)



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Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner


SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

COVID-19 Weekly Healthcare Provider Update Compilation: Week of March 30, 2020

Purpose: The purpose of this publication is to provide healthcare providers in New York State with a weekly consolidated update of COVID-19 guidance released by the New York State Department of Health (NYSDOH). This will show only current guidance for any given topic and will be updated to reflect new guidance.

As a reminder, all advisories and informational messages (including webinar invitations) are distributed through the Integrated Health Alerting Network System (IHANS), an application housed on the [Health Commerce System \(HCS\)](#). If you are not receiving IHANS notifications, please work with your site's HCS coordinator. Additional COVID-19 resources may be found on the NYSDOH webpage under [Information for Healthcare Providers](#).

Recordings of COVID-19 [Weekly Healthcare Provider Updates](#) are also available on NYSDOH webpage.

Guidance/Health Advisory Topic	Link(s)	Date
Testing/Specimen Collection	Specimen Collection/Handling Instruction	3/25/20
	 DOH_COVID19_AdvisorySpecimenCollecti	
	Infectious Disease Requisition	3/20/20
	Packaging and Transport Instructions	3/20/20
	Additional Capacity Guidance (Collection, triage, treatment)	3/19/20
Infection Control and Personal Protective Equipment	Testing Protocol	3/9/20
	Requests for PPE should go through your regional OEM	3/23/20
	REMINER: Providers should follow the process outlined by the Commissioner of Health for requesting resources through the county and NYS Office of Emergency Management. NYSDOH stresses the importance of making requests at least 10 days before you expect those supplies to be exhausted.	
	Infection Control Guidance (CDC)	3/23/20
	Optimizing PPE (CDC)	3/23/20



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Quarantine/Isolation	Process for Discontinuation of Home Isolation	3/28/20
	Precautionary Quarantine, Mandatory Quarantine, and Isolation	3/20/20
Exposure	Contact of a Contact Guidance	
	Protocols for Personnel to Return to Work Following COVID-19 Exposure  Notification_102993 HCP Return to work 3	3/28/20
Telehealth	Medicaid Coverage and Reimbursement REMINER: The NYS Telehealth Parity Law requires commercial insurers (under the jurisdiction of the Division of Financial Services) and the Medicaid program (administered by the Department of Health) to provide reimbursement for services delivered via telehealth, if those services would have been covered if delivered in person.	3/20/20
Pregnancy/Pediatrics	Pregnancy Resources	3/21/20
	Visitation Guidance in Obstetrics and Pediatrics	3/27/20
Elective Surgery	Governor Cuomo, through Executive Order , has directed all office-based surgery, general hospitals, and ambulatory surgery centers to cancel all elective surgeries to maximize hospital bed capacity.	3/23/20
Staffing	Governor Cuomo, through Executive Order , has increased staffing resources by expanding the scope of practice for designated practitioners.	3/23/20
HIV Care Providers	 COVID Letter to HIV Care Providers.pdf	3/20/20
Mental Health Resources	Managing Stress and Anxiety	3/16/20
	OMH COVID-19 Guidance Documents	



Department
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Novel Coronavirus



Get Involved: How You Can Help

Support New York's response. New York State is doing all it can to keep New Yorkers safe and stop the spread of COVID-19. But we're stronger if we all work together.

[NYS COVID Get Involved How You Can Help](#)



Department
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THE STATE IS TAKING MEASURES TO CREATE A RESERVE WORKFORCE

Seeking Qualified Health Professionals

Health, Mental Health, and Related Professionals

With your help, New York State is working to protect our residents and strengthen our public health system. We are looking for qualified health, mental health, and related professionals who are interested in supporting the state's response.

[**COMPLETE THE SURVEY**](#)

School of Public Health, School of Medicine, or School of Nursing Administrators

We appreciate your commitment to the health and safety of all New Yorkers and look forward to building on our partnership. We are looking for qualified individuals who are interested in supporting the state's response.

[**COMPLETE THE SURVEY**](#)

[**NYS COVID Get Involved How You Can Help**](#)



**Department
of Health**

COVID-19 Resources

CDC COVID Website



www.cdc.gov/coronavirus/2019-ncov/index.html



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NYC DOHMH COVID-19 Webpage

Promoting and Protecting the City's Health

NYC
Health

한국어 ▶ Translate ▼ Text-Size

Home About Our Health Services **Providers** Data Business

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Reporting and Services Health Topics Resources Emergency Prep

[By Disease or Condition](#)

Immunizations

Alcohol and Drug Use

Smoking and Tobacco Use

Sexual and Reproductive Health

Children and Adolescents

Healthy Aging

Coronavirus Disease 2019 (COVID-19) — Information for Providers

Daily Syndromic and Case Data Update

The following documents provide information about people confirmed to have COVID-19 in NYC. They will be updated each weekday morning.

The total number of positive cases in the city are updated continuously. This update reflects data as of the previous day at 6 p.m. Due to public health guidance that people with mild illness stay home and not get tested, these data may not reflect the true number of positive COVID-19 cases in NYC and may overrepresent the volume of hospitalized cases.

As of March 18, 6 p.m.:

- [COVID-19 Daily Case Data Summary](#) (PDF)
- [NYC Flu-like Illness Data 2016-Current](#) (PDF)



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Mental Health Resources



Services News Government Local

Office of Mental Health

About OMH Consumers & Families Behavioral Health Providers Employment

Guidance Documents

As defined in section 202-e of the State Administrative Procedure Act, a guidance document is any guideline, memorandum or similar document, prepared by an agency, that provides general information or guidance to assist regulated parties in complying with any statute, rule or other legal requirement. The term does not include documents that concern only the internal management of the agency, such as a policy that applies only to an OMH operated facility or program.

Current OMH Guidance Documents:

Guidance on COVID-19

- [OMH Psychiatric Center Visitor Restriction Guidance](#) 📄 (3/14/2020)
- [COVID-19 Guidance for Children's Waiver Service Providers](#) 📄 (3/14/2020)
- [DOH Medicaid Updates – Special Editions](#)
- [COVID-19 Guidance for Health Homes](#) 📄 (3/14/2020)
- [Provider Memo – Maintaining Continuity of Operations Plans and Reporting Disruptions in Services](#) 📄 (3/13/2020)
- [Guidance for NYS Behavioral Health Programs](#) 📄 (3/11/2020)
- [Interim Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19](#) 📄
- [Interim Guidance for Large Gatherings and Public Spaces During the COVID-19 Outbreak](#) 📄
- [OMH Guidance for Managing Stress and Anxiety During the COVID-19 Outbreak](#) 📄

COVID-19 Telemental Health Guidance

- [Supplemental Guidance – Use of Telehealth for People Served by OMH Licensed or Designated Programs Affected by the Disaster Emergency](#) 📄 (REVISED – 3/17/2020)
- [Self-Attestation of Compliance to Offer Telemental Health Services](#) 📄 (REVISED - 3/13/2020)
- [DOH Medicaid Update Special Edition: COVID-19 Telephonic Communication Services](#) 📄
- [OASAS Telepractice Waiver Update](#) 📄
- [Interim Guidance Regarding the Delivery of Services Through the Use of Telehealth Modalities in Facilities Certified or Operated by OPWDD](#) 📄
- [Use of Telemental Health for People Affected by the Disaster Emergency](#) 📄 (3/11/2020)

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- For everyone
- For individuals receiving mental health services
- For parents
- For caregivers of older adults
- For mental health providers

March 16, 2020

Office of
Mental Health

Feeling Stressed About Coronavirus (COVID-19)?

Managing Anxiety in an Anxiety-Provoking Situation

The outbreak of COVID-19 around the world has led to the spread of fear and panic for individuals and communities. In addition to following physical precautions guidelines, individuals should be taking care of their psychological well-being.

This guide includes tips for the following populations:

- For Everyone
- For Individuals Receiving Mental Health Services
- For Parents, Including Parents of Children with Pre-Existing Anxiety Disorders
- For Caregivers of Older Adults
- For Mental Health Providers

For Everyone:

- Reduce anxiety by reducing risk. Ways to reduce risk include practicing good hygiene (e.g.

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Mental Health Resources

- **NYS Mental Health Helpline**

1-844-863-9314

- The helpline is staffed by specially trained volunteers, including mental health professionals, who have received training in crisis counseling related to mental health consequences of infectious disease outbreaks, typical stress reactions, anxiety management, coping skills, and telephonic counseling





Medical Matters 2020

Sponsored by the Medical Society of the State of New York

Psychosocial Dimensions of Infectious Outbreaks Live Webinar



Wednesday, April 1, 2020 @ 7:30am

Faculty: Craig Katz, MD

Educational Objectives:

- ◆ Understand common human reactions to infectious outbreaks
- ◆ Explore factors that influence how people react
- ◆ Describe how to apply historical lessons to your own medical practice

To register, please: [Click Here](#)

For more information, contact:

Melissa Hoffman at mhoffman@mssny.org or call (518) 465-8085

Funding provided by the New York State Department of Health

The Medical Society of the State of New York is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Medical Society of the State of New York designates this live activity for a maximum of 1.0 **AMA PRA Category 1 credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



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[NYSDOH COVID-19 Website](#)

[Services](#)[News](#)[Government](#)[Local](#)[Q Search](#)[Department of Health](#)[Individuals/Families](#)[Providers/Professionals](#)[Health Facilities](#)[Have a Question? Call the Novel Coronavirus Hotline 24/7 at 1-888-364-3065](#)[Information for Providers](#)

Novel Coronavirus (COVID-19)

Last Updated: March 17, 2020 at 8:15 PM

Protect Yourself and Your Family

Stay home and Keep a Safe Distance from others in public. It's the only way to help slow the spread of Coronavirus.

[▶ WATCH VIDEO](#)[SYMPTOMS](#)



Symptoms

The 2019 novel coronavirus may cause mild to severe respiratory symptoms.

▶ WHAT TO LOOK FOR



COVID-19 Testing

Learn more about testing protocol now that the FDA has approved New York to begin its own testing.

OVERVIEW ▶

MOBILE TESTING ▶

PROTOCOL FOR TESTING ▶

▶ LEARN MORE



Know Your Rights

The health and safety of New Yorkers is the top priority, co-pays for telehealth visits have been waived.

TESTING ▶

INSURANCE ▶

UNEMPLOYMENT ▶

▶ LEARN MORE

PROTECTING THE PUBLIC HEALTH OF ALL NEW YORKERS

Mandatory and
Precautionary Quarantine

Mass Gatherings

Healthcare Providers

Nursing Homes

Schools

Childcare Providers

Employees & Employers

Insurance

Voting

International Travel

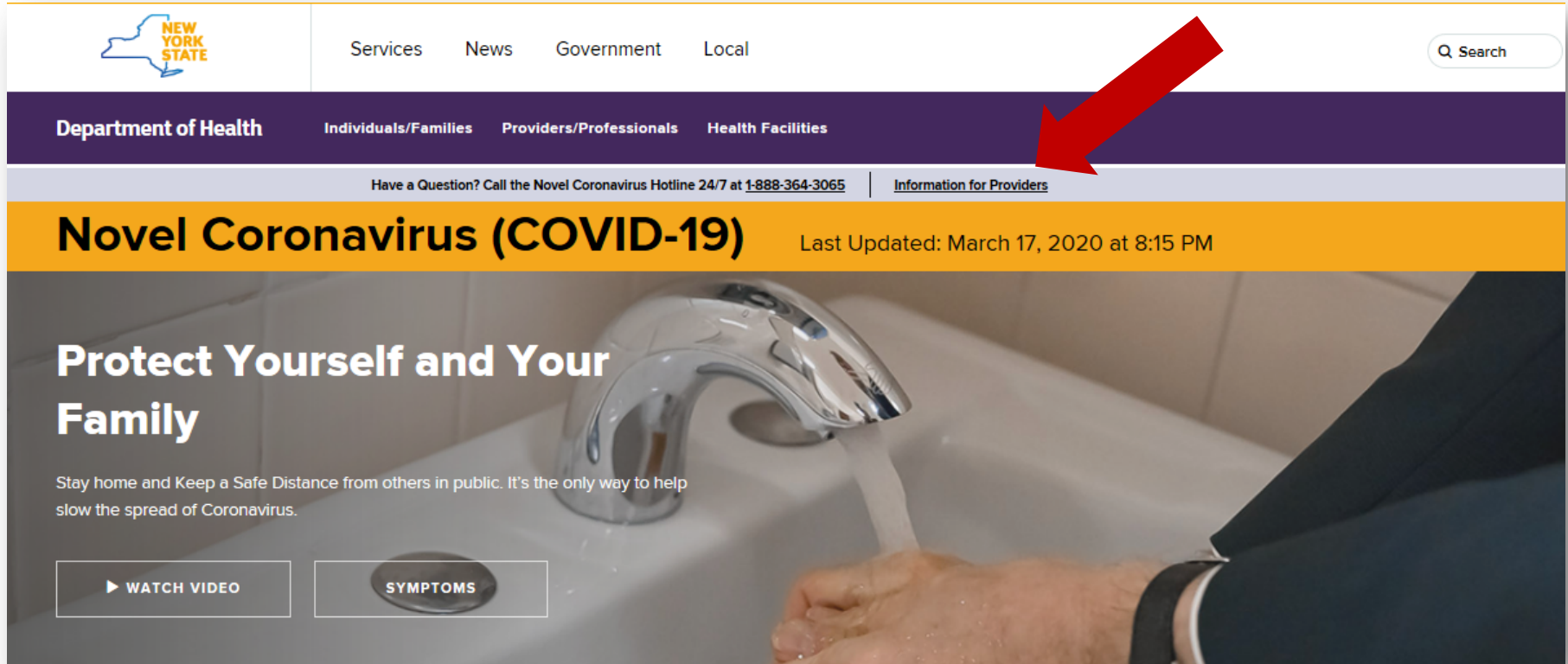
Cyber Security

Price Gouging



Department
of Health

NYSDOH COVID-19 Website



The screenshot shows the NYSDOH COVID-19 website. At the top left is the New York State logo. To its right are links for Services, News, Government, and Local. Further right is a search bar labeled 'Q Search'. Below these is a dark purple navigation bar with links for Department of Health, Individuals/Families, Providers/Professionals, and Health Facilities. A red arrow points to the 'Information for Providers' link, which is located in a light blue bar below the navigation bar. This bar also contains the text 'Have a Question? Call the Novel Coronavirus Hotline 24/7 at 1-888-364-3065'. Below this is an orange banner with the text 'Novel Coronavirus (COVID-19)' and 'Last Updated: March 17, 2020 at 8:15 PM'. The main content area features a background image of hands being washed in a sink. Overlaid on this image is the text 'Protect Yourself and Your Family', followed by the advice 'Stay home and Keep a Safe Distance from others in public. It's the only way to help slow the spread of Coronavirus.' At the bottom of this section are two buttons: 'WATCH VIDEO' and 'SYMPTOMS'.

NEW YORK STATE

Services News Government Local

Q Search

Department of Health Individuals/Families Providers/Professionals Health Facilities

Have a Question? Call the Novel Coronavirus Hotline 24/7 at [1-888-364-3065](tel:1-888-364-3065) | [Information for Providers](#)

Novel Coronavirus (COVID-19) Last Updated: March 17, 2020 at 8:15 PM

Protect Yourself and Your Family

Stay home and Keep a Safe Distance from others in public. It's the only way to help slow the spread of Coronavirus.

▶ WATCH VIDEO SYMPTOMS

FILTER

- Health Advisories
- Webinars
- Printable Materials
- Guidance

ATTENTION ALL PATIENTS



If you have

fever



cough



trouble
breathing



- Call this number _____.
- Tell them your symptoms.
- Ask where you should go and what you should do.
- Put on a mask before going inside.

ATTENTION ALL VISITORS



**NO VISITORS
ARE ALLOWED
AT THIS TIME**

If you feel there is an urgent need for visitation,
please contact _____.

DO NOT VISIT

Questions or Concerns

- Call the local health department www.health.ny.gov/contact/contact_information/
- In New York City: Notify the NYC DOHMH provider access line (PAL)
 - 1-866-NYC-DOH1 or 1-866-692-3641 (works 24 hours/day x 7 days/week)
- Providers who are unable to reach the LHD can contact the NYSDOH Bureau of Communicable Disease Control at **518-473-4439** during business hours or the NYSDOH Public Health Duty Officer at **1-866-881-2809** evenings, weekends, and holidays

QUESTIONS ?

THANK YOU!